

SEMI-ANNUAL UPDATE MEETING SIGN-IN SHEET

COMPANY NAME: _____

STORE NAME: _____ **STORE NUMBER:** _____

CONDUCTED BY: _____ **DATE:** _____

Subjects Covered (Suggested):

- ☐ *Recognizing false and altered I.D.'s*
- ☐ *Procedures of inspecting I.D.'s*
- ☐ *Determining legal age for alcohol and tobacco products*
- ☐ *Methods and procedures for refusing sales*
- ☐ *Incident Log documentation and it's importance*
- ☐ *The liabilities and responsibilities of the owner and employees in the selling of alcohol and tobacco products*
- ☐ *Review of ABC Board Rules and Regulations*
- ☐ *Other:* _____
- ☐ _____

By my signature below, I certify that I, on this date, attended the semi-annual update meeting as required by the Alabama ABC Board Responsible Vendor Program.

PRINT NAME	SOCIAL SECURITY OR EMPLOYEE NUMBER	SIGNATURE

Use as many sheets as necessary to document everyone's attendance. This form is kept in your records. DO NOT send this form to the ABC Board.

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